

# LOST CERTIFICATE AFFIDAVIT

GEORGIA COUNTY

OF \_\_\_\_\_

TO: The Peace Officers' Annuity and Benefit Fund of Georgia,  
P. O. Box 56, Griffin, Georgia 30224

For the purpose of establishing the loss or destruction of Membership Certificate  
No. \_\_\_\_\_ held by \_\_\_\_\_ with said Fund, the  
undersigned hereby supplies the following information:

1. When did the loss or destruction of the Membership Certificate occur?

\_\_\_\_\_  
\_\_\_\_\_

2. In whose possession was the Membership Certificate at that time? Name \_\_\_\_\_

\_\_\_\_\_

3. What do you know about the loss or destruction of said Membership Certificate? Explain fully

\_\_\_\_\_  
\_\_\_\_\_

4. What steps have you taken to locate the Membership Certificate? Explain fully

\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby declares that the above statements are complete and true and are  
made for the purpose of inducing the Peace Officers' Annuity and Benefit Fund of Georgia to  
take action with respect to the above Membership Certificate, including the issuance of a  
substitute Membership Certificate when required.

In consideration of such action by the Peace Officers' Annuity and Benefit Fund of  
Georgia, the undersigned agrees:

1. That the original Membership Certificate is cancelled.
2. That the substitute Membership Certificate, if issued, shall be the sole evidence of the  
contract and need only contain current endorsements.
3. To indemnify the Peace Officers' Annuity and Benefit Fund of Georgia for any loss  
resulting from such action.
4. To notify the Fund promptly if the original Membership Certificate is found.

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Member or Named Beneficiary (circle one)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State and Zip Code

In Witness Whereof I have hereunto affixed  
my signature in the presence of:

\_\_\_\_\_  
Notary Public

Form #117